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ABSTRACT

The 1972 annual report of the U.S. Department of Health, Education, and Welfare (DHEW) on Federal activities related to the administration of the Vocational Rehabilitation Act presents statistics demonstrating a 12 percent increase in persons rehabilitated over fiscal year 1971. Special efforts were directed toward rehabilitating disabled public assistance recipients. The Federal cost of vocational rehabilitation for the fiscal year was $631.3 million. The greatest number of persons in the vocational rehabilitation program were less than 20 years old. The second largest group served was the 24-34 year age group. Most of the vocational rehabilitation clients are from low income groups. The basic support programs serve the blind and visually disabled, deaf and hard of hearing persons, alcoholics, disabled public offenders, mentally ill, narcotic addicts, mentally retarded, disabled elderly, and social security disability applicants. Special priority groups considered in the report are the last six groups listed. Reports on special projects are included. Most of the information presented pertains to the number of people and the costs involved in the programs. Additional information requested from the Secretary of DHEW by Senator Jennings Randolph (West Virginia) is appended. (AG)

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93d Congress
1st Session

COMMITTEE PRINT

ADMINISTRATION OF THE VOCATIONAL REHABILITATION ACT FOR FISCAL YEAR 1972

Annual Report Transmitted to the Congress in June 1973 by the U.S. Departemnt of Health, Education, and Welfare

Together With

SUPPLEMENTAL INFORMATION

PREPARED FOR THE

SUBCOMMITTEE ON THE HANDICAPPED

OF THE

COMMITTEE ON LABOR AND PUBLIC WELFARE

UNITED STATES SENATE

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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NOVEMBER 1973

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FOREWORD

The following report, the Annual Report of the U.S. Department of Health, Education, and Welfare to the Congress on Federal Activities Related to the Administration of the Vocational Rehabilitation Act, fulfills the statutory requirement under the Vocational Rehabilitation Act for an annual report to the Congress on the administration of rehabilitation programs.

While the data provided by the annual report indicate a natural tendency for the justification of activities under this Act, there appear to be wide gaps in the implementation of the program as mandated by the Congress. It leaves a significant number of questions unresolved. However, we believe that with passage of the new Rehabilitation Act of 1973, this document can serve as a useful tool for continued and aggressive improvement of rehabilitation programs.

We are pleased to publish and make available this report for those consumers and professionals in the field of rehabilitation who may wish to communicate their observations and views on the data to the appropriate persons.

HARRISON A. WILLIAMS, JR.,
Chairman, Committee on Labor and Public Welfare.

LETTER OF TRANSMITTAL

U.S. SENATE,
COMMITTEE ON LABOR AND PUBLIC WELFARE,
Washington, D.C., October 4, 1973.

Hon. HARRISON A. WILLIAMS, Jr.,
Chairman, Committee on Labor and Public Welfare, U.S. Senate
Washington, D.C.

DEAR MR. CHAIRMAN: Enclosed is a copy of the Annual Report of the U.S. Department of Health, Education and Welfare to the Congress on Federal Activities Related to the Administration of the Vocational Rehabilitation Act.

As Chairman of the Subcommittee on the Handicapped, I recommend that this report be made available to all of the members of our Committee, organizations and individuals who have an interest in these programs. It is my belief that the information in this report constitutes valuable background material, especially since the guidelines and regulations for the Rehabilitation Act of 1973 will be formulated in the very near future.

With best wishes, I am

Truly,

JENNINGS RANDOLPH,
Chairman, Subcommittee on the Handicapped.

ANNUAL REPORT

of the

U.S. Department of Health, Education, and Welfare

To the Congress

on Federal Activities Related to

Administration of the Vocational Rehabilitation Act

DECEMBER 1972

Transmitted to the Congress in June 1973

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social and Rehabilitation Service
Rehabilitation Services Administration
Washington, D.C. 20201

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SUMMARY

PURPOSE OF THE REPORT

This report fulfills the requirements of Sections 4 and 9 of the Vocational Rehabilitation Act, 29 U.S.C. 34 and 39, for an annual report to the Congress on Federal administration of rehabilitation programs under the Vocational Rehabilitation Act.

PROGRAM HIGHLIGHTS

In fiscal year 1972, 326,138 persons were rehabilitated out of a population of 1,111,045 disabled individuals served. These figures represented a 12 percent increase in rehabilitation over fiscal year 1971, when 291,272 persons were rehabilitated.

The rehabilitation of disabled public assistance recipients was a principal objective in 1972. The number of such persons rehabilitated rose from 40,321 in fiscal year 1971 to 51,084 in fiscal year 1972, an increase of 27 percent. The number of such rehabilitations in fiscal year 1970 was 32,345. Nearly sixteen percent of all persons rehabilitated in fiscal year 1972 were public assistance recipients.

Estimated annual earnings of those persons rehabilitated in fiscal year 1972 were $1.2 billion, a net increase of $900 million over earnings at the time the individuals entered the rehabilitation process. (This figure was calculated on the basis of average weekly earnings for those individuals rehabilitated into employment.)

The Federal cost of vocational rehabilitation in fiscal year 1972 was $631.3 million. This included $559 million for the basic support program, $41.8 million for innovation and expansion grants, and $30.5 million funded through the Social Security Trust Fund.

The rate of rehabilitation per 10,000 disabled persons totaled 274 in fiscal year 1972, the highest proportion to date.

The greatest number of persons within the vocational rehabilitation program were less than 20 years of age (23.4 percent). The second largest group served was within the 24–34 year age group (18.6 percent).

Vocational rehabilitation clients generally came from low income groups. In fiscal year 1971, the most recent year in which such figures were broken down into this categorization, the greatest proportion of rehabilitated persons (34.4 percent) came from families whose monthly income was between $0–149. The second largest group to receive successful vocational rehabilitation services (18.4 percent) were persons in families whose monthly income was between $150–249.

Special priority groups considered in this report include disabled public offenders, mentally ill persons, narcotics addicts, mentally retarded persons, disabled older persons and social security disability applicants.

ADMINISTRATION OF THE VOCATIONAL REHABILITATION ACT

Introduction

Rehabilitation programs authorized under the Vocational Rehabilitation Act are administered by the Rehabilitation Services Administration (RSA), Social and Rehabilitation Service, U.S. Department of Health, Education, and Welfare.

The State-Federal program of vocational rehabilitation, which began in 1920, provides a wide range of rehabilitation services for handicapped persons. The program focuses on the individual disabled person, his abilities and aptitudes, his interests and needs to help him reach his fullest potential.

The vocational rehabilitation program is a grant-in-aid program making Federal funds available to the 50 States, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands to provide vocational rehabilitation services. To receive Federal grants under the basic support program, States must have an approved plan setting forth the framework and broad policies under which they will operate their programs.

RSA offers financial assistance, leadership, and technical assistance to the States' programs of vocational rehabilitation for handicapped persons. RSA programs emphasize services to disabled public assistance recipients in the hope that preparing such persons for gainful employment will break the cycle of dependency for them.

State vocational rehabilitation agencies provide vocational rehabilitation services in these areas:

Evaluation, counseling, and guidance and placement;

Training;

Readers for the blind and interpreters for the deaf;

Maintenance, not to exceed the estimated cost of subsistence;

Occupational licenses, tools, equipment, and initial stocks and supplies;

Transportation to and from a vocational rehabilitation service;

Help to the family of a handicapped person when such help will substantially improve his chances for rehabilitation;

Physical restoration;

Other goods and services necessary to make a handicapped person employable.

A person's eligibility for services under the vocational rehabilitation program is based on two criteria: the finding of a physical or mental disability that is a substantial handicap to employment, and a reasonable expectation that such services will enable him to pursue gainful employment. Thus, vocational rehabilitation may be defined as the fitting of a handicapped or disabled person for gainful employment.

Programs authorized by the Vocational Rehabilitation Act fall under three categories:

Basic support to States for vocational rehabilitation services.

Grants for special projects to establish facilities and services which hold promise of substantially increasing the number of persons vocationally rehabilitated.

Grants for research, demonstration, and training.

Basic Support Programs

Under the annual authorization limit set by the Congress, Federal funds are allotted to the States and territories to assist basic vocational rehabilitation programs. The Federal share is 80 percent of expenditures for services provided under an approved State plan.

Individuals served by the basic programs include the blind and visually disabled, the deaf and persons with hearing and speech disorders, alcoholics, disabled public offenders, disabled older persons, mentally ill persons, disabled public assistance recipients, and social security disability applicants.

BLIND AND VISUALLY DISABLED PERSONS

About 7,700 blind and 18,400 visually disabled persons achieved vocational rehabilitation in fiscal year 1972. Public assistance recipients made up more than 25 percent of the total. Occupations ranged from simple service jobs to complicated professional positions. More than half of the persons applying for services were 50 years of age or over and a high percentage had one or more handicapping conditions in addition to visual disabilities.

DEAF AND HARD OF HEARING PERSONS

About 6,000 deaf persons and 9,800 persons who were hard of hearing were rehabilitated in fiscal year 1972. Placement of the deaf and hard of hearing into Post Office positions was successful, particularly in Illinois and Michigan.

ALCOHOLIC PERSONS

About 15,000 alcoholics were rehabilitated in fiscal year 1972—600 more than in fiscal year 1971. In May 1972 a Memorandum of Agreement between the National Institute of Alcohol Abuse and Alcoholism, the National Institute of Mental Health, and RSA was formally completed. It provides that the three agencies will develop an integrated system of therapeutic-vocational rehabilitation services for alcoholic persons throughout the country.

DISABLED PUBLIC OFFENDERS

About 22,000 disabled public offenders were rehabilitated in fiscal year 1972. Approximately 50 percent were youngsters. The remainder were adults in correctional institutions. Correctional rehabilitation received increasing attention over the past several years because of growing public concern over the cost of crime. In some instances, rehabilitation services began before a person was released from a correctional institution and continued into the post institutional

period. In other cases, clients were referred from the courts, parole boards, or from juvenile authorities. The program stressed prevention of public offenses and development of skills that would preclude further criminal activities.

MENTALLY ILL PERSONS

Since fiscal year 1968 mental illness cases have constituted the largest single disability group within the rehabilitation program. About 30 percent of all services in fiscal year 1972 were for the mentally ill, when an estimated 97,600 persons were rehabilitated. The emphasis in 1972 was on serving the individual in his home community rather than in central institutions. When services were begun within an institution, agencies placed heavy emphasis on the continuation of services in the community. Wherever possible, vocational rehabilitation counselors were stationed at mental hospitals and community mental health centers since experience indicated that delays in services reduced rehabilitation potential.

NARCOTICS ADDICTS

An increasing number of addicts were provided vocational rehabilitation services by State agencies. About 2,000 were rehabilitated in fiscal year 1972; 1,000 were rehabilitated in 1971. A high proportion possessed only minimal rehabilitation potential, having held only intermittent employment, and many had histories of criminal activities directly associated with their addiction. In rehabilitating addicts, primary consideration was given to preparation for and placement in employment.

MENTALLY RETARDED PERSONS

In fiscal year 1972 an estimated 42,300 mentally retarded persons were rehabilitated. Of particular importance in services to this disability category is the development and operation of cooperative agreements between the vocational rehabilitation agency and special education programs in the public schools, which help to develop vocational skills within the retarded individual's capability. Three years of vocational rehabilitation services are often required. The program directed toward job placement of the retarded in Federal installations continued in fiscal year 1972. Under a cooperative agreement with the Civil Service Commission, State agencies are responsible for certifying the suitability of job applicants for particular job placements.

DISABLED OLDER PERSONS

In fiscal year 1972 an estimated 80,100 persons 45 years or older were rehabilitated. Nearly 5,000 were at least 65 years old. The 1971 White House Conference on Aging brought visibility to problems of the aging and stimulated interest in coping with such problems.

SOCIAL SECURITY DISABILITY APPLICANTS

About 31,000 applicants for disability benefits under social security were rehabilitated during fiscal year 1972. Of this total, 19,242 were beneficiaries receiving cash disability benefits at some time during

heir rehabilitation. Social Security Trust Funds paid all or part of he rehabilitation costs for 9,983 persons. (Under the 1965 and 1967 amendments to the Social Security Act, Trust Funds can be used to pay 100 percent of the cost of services provided under the Vocational Rehabilitation Act to beneficiaries whose rehabilitation should eventually bring savings to the Funds.)

DISABLED PUBLIC ASSISTANCE RECIPIENTS

Fiscal year 1972 was the third consecutive year in which data were collected about rehabilitated clients who were on public assistance at any time during their contact with the vocational rehabilitation program, from referral to closure. A rise from 40,321 rehabilitants in fiscal year 1971 to 51,084 in 1972 was recorded, an increase of 27 percent. The increase since fiscal year 1970, when 32,345 were rehabilitated, was 58 percent.

These increases occurred during an interval when total rehabilitations increased by 22 percent. Some of the heightened increase in public assistance rehabilitation was the result of joint-action agreements between State public assistance and vocational rehabilitation agencies. These agreements resulted in joint referral procedures, joint staff housing, cross-training, and a wider array of resources and services for this special group.

In addition to the Basic Support Program, all funds made available to the States under the Expansion Grant Program were earmarked by the Congress for projects to serve disabled public assistance recipients. (Expansion grants will be discussed later in this report.)

Special Projects

Special projects include grants for expansion projects, projects with industry, new careers opportunities, construction, planning and initial staffing, facility improvement and rehabilitation services projects.

EXPANSION PROJECTS—SECTION 4(a)(2)(A)

Expansion grants may be made to State vocational rehabilitation agencies or other public and private non-profit organizations for special programs to expand vocational rehabilitation services where such programs show promise of substantially increasing the number of persons vocationally rehabilitated. The Federal Government bears up to 90 percent of the cost of these projects, which are usually assisted for three years. Project activities were developed either on a statewide saturation approach or on a more concentrated effort in one or more local (city and county) areas. Of the 284 projects, 200 were sponsored by State vocational rehabilitation agencies and 84 by other public and private nonprofit organizations. One hundred and seven were new and 177 were continuation projects.

PROJECTS WITH INDUSTRY—SECTION 4(a)(2)(B)

The Projects with Industry program makes it possible for RSA to enter into contracts or cooperative agreements with employers or agencies to provide training and other necessary services for the

placement of disabled persons in the competitive labor market. In fiscal year 1972 there were 10 such projects assisted by $976,000 in Federal grants. Over 100 industries participated in the preparation and placement of the disabled in occupations including banking, insurance, light and heavy manufacturing, food packaging, public utilities, mechanical trades, and information and public education programs.

The projects were located in Albertson (N.Y.), Chicago, Cleveland, Jacksonville, Little Rock, Milwaukee, New Haven, New York City, Roanoke, and Tampa.

Reports received from these ten projects reveal that more than half the nearly 1000 clients participating in the program were placed in the competitive labor market in fiscal year 1972.

NEW CAREERS PROJECTS—SECTION 4(a)(2)(C) AND (D)

Twenty-two new careers projects were assisted in fiscal year 1972 at a cost of $2 million. Thirteen were designed to develop job opportunities for sub-professional personnel in the public rehabilitation program; the other nine focused on such areas as new career opportunities for former drug addicts. About 500 new careerists were in training in fiscal year 1972.

IMPROVEMENT, DEVELOPMENT AND CONSTRUCTION OF REHABILITATION FACILITIES—SECTIONS 12 AND 13

In fiscal year 1972 three grants totaling $64,000 were awarded for project development; 191 (102 new and 89 continuation) grants totaling $4.5 million for facility improvement; and two grants totaling $3.1 million for construction of facilities.

Continuation grants totaling $547,480 were awarded to 22 facilities to provide necessary initial professional staff following construction.

Under the Technical Assistance program, 366 consultations for a total of $193,423 were provided to facilities for analyzing, improving and increasing their professional services to handicapped people. Grants made to State and other public agencies and to nonprofit organizations for training the handicapped totaled $7.8 million for nine new projects ($896,000) and 45 continued projects ($6.9 million).

REHABILITATION SERVICES PROJECTS

Rehabilitation Services Projects provide specialized programs and services over and above those possible by Basic Support Program. Most funds are used to rehabilitate disabled public assistance recipients, and to help States locate and initiate special programs for this target group. After three years, the projects are absorbed into the basic support program. In fiscal year 1972, $10.1 million were expended in Federal funds for this program, and 2,370 persons were rehabilitated.

Rehabilitation Research, Demonstration, and Training

The Vocational Rehabilitation Act includes grants for training rehabilitation workers, as well as for research and demonstration projects.

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TRAINING—SECTION 4(a)(1)

Grants totaling $22.3 million were made in fiscal year 1972 to educational institutions and agencies dealing with the handicapped for award to individuals. The training grant program is intended to increase the supply of personnel in the rehabilitation fields. It pays part of the cost of instruction for rehabilitation personnel.

In fiscal year 1972, 717 long-term teaching grants were awarded in addition to traineeships or stipends for 7,500 students. The students were trained in rehabilitation medicine, rehabilitation counseling, rehabilitation nursing, occupational therapy, physical therapy, prosthetics-orthotics education, speech pathology and audiology, recreation for the ill and disabled, rehabilitation facilities administration, vocational evaluation, and psychology. Grants also supported special training programs in the rehabilitation of blind, deaf, and mentally retarded persons and in correctional rehabilitation.

Short-term training courses on the technical aspects of providing vocational rehabilitation services reached nearly 8,000 persons from State and other vocational rehabilitation agencies and programs throughout the country.

RESEARCH AND DEMONSTRATION—SECTION 4(a)(1)

In fiscal year 1972, RSA assisted 97 new and 136 continuation research and demonstration projects at a cost of $22.3 million. Highlights of the new projects included four demonstrations of regional systems for the care of persons with spinal cord injuries and five of rehabilitation engineering centers. The latter were designed to effect closer working relationships between surgeons, prosthetics and orthotists, engineers and therapists in applying new knowledge to the delivery of service to the physically disabled and at the same time cut costs.

Other projects included testing of ways to serve drug addicts and young public offenders.

SPECIAL CENTERS

Special centers supported by the SRS research program in vocational rehabilitation include rehabilitation research and training centers, the National Center for Deaf-Blind Youths and Adults, and the regional rehabilitation research institutes.

Rehabilitation Research and Training Centers.—In fiscal year 1972, 19 research and training centers (12 in medical rehabilitation, three in vocational rehabilitation, three in mental retardation, and one in deafness) received grants to continue operations under an $11.8 million appropriation. These centers participated in 536 research projects and conducted 1,182 training courses for 51,652 trainees. Priority was given to research and training projects centered on decreasing dependency among the disabled, the economically disadvantaged, and the elderly.

Programs to improve rehabilitation service delivery systems, prevent drug addiction, and rehabilitate former addicts were continued. Special projects were started in cardiac rehabilitation, developmental disabilities, and a service delivery model for minority inner city deaf persons. Sixteen research and training centers sponsored special

summer programs offering employment opportunities in rehabilitation and health-related fields to about 600 economically disadvantaged or disabled young people.

National Center for Deaf-Blind Youths and Adults.—In fiscal year 1972 the National Center for Deaf-Blind Youths and Adults operated at its temporary quarters in New Hyde Park, N.Y. Activities during the year included:

Providing rehabilitation services to 275 deaf-blind persons, 146 of whom were served by Center staff members and 169 by the staffs of three field offices (including 40 who were served by both Center and field offices personnel).

Starting a professional staff development program and sponsoring 12 staff members in graduate courses relating to work with the deaf-blind.

Training 30 cooperating agency staff members from 20 States and the District of Columbia at the Center.

Developing and distributing public education publications.

Bringing the deaf-blind registry up to date.

Research on the development of communication devices continued. The Center's budget for 1972 was $600,000.

The Regional Rehabilitation Research Institutes.—Appropriations for fiscal year 1972 for the six regional rehabilitation research institutes were $786,000. The institutes conducted research projects useful to administrators, practitioners, and service recipients in these fields: the professional duties of rehabilitation counselors; administration and management in State rehabilitation agencies; counseling underpriviledged persons and developing methods of evaluating caseload difficulty and rehabilitation results; rehabilitation delivery systems in sparsely populated areas; relationship between motivation and dependency; and research utilization.

State-of-the-art monographs were published and technical assistance to State rehabilitation and regional agencies was provided.

The institutes are located in Northeastern University and in the Universities of Florida, Missouri, Northern Colorado, Oklahoma, and Wisconsin.

Interagency Relationships

1972 was the sixth year of RSA participation in the Cooperative Area Manpower Planning System (CAMPS). Other interagency programs in which RSA participated included the Concentrated Employment Program, Model Cities, Manpower Development and Training (MDTA), the Neighborhood Youth Corps, Job Corps, Operation Mainstream, Public Service Careers, and Concerted Services in Training and Education in rural areas.

RSA also maintained its close liaison with the Civil Service Commission. In fiscal year 1972, the latter agency improved its procedures for the appointment of severely physically handicapped persons to the Federal service. Thirty-nine State agencies provided minor medical services to 11,002 MDTA trainees, a four percent gain over fiscal year 1971. Of 14,273 cases referred in 1972, 2,125 were accepted for the regular rehabilitation program.

In fiscal year 1972, under the provisions of the Federal Coal Mine Health and Safety Act of 1969 (liberalized in fiscal year 1972), RSA continued to work with the United Mine Workers and State vocational

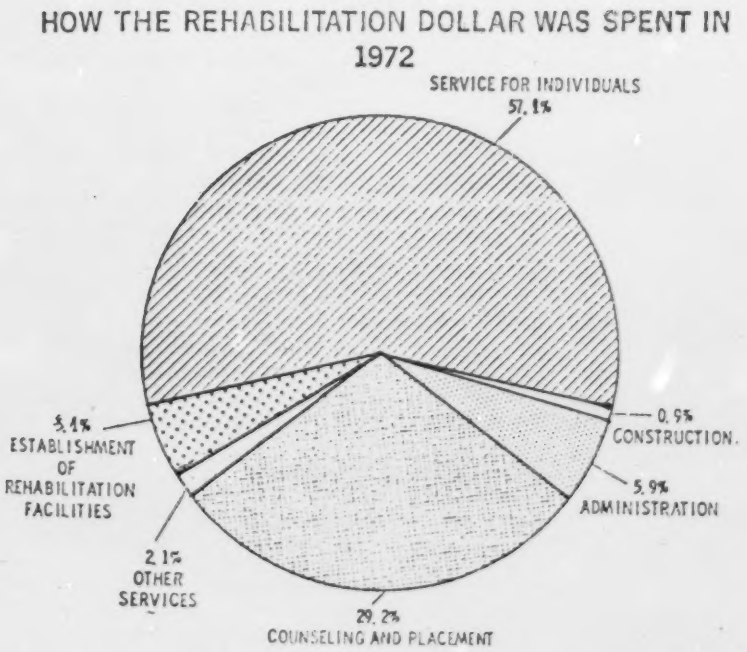
rehabilitation agencies to develop new ways to rehabilitate miners disabled by pneumoconiosis.

Conclusion

Fiscal year 1972 was not a year of major changes in vocational rehabilitation. It served to emphasize the ongoing implementation and administration of the principally State administered and decentralized program.

It can be viewed as a make-ready year: there was steady growth in the program and substantial planning for new initiatives that could characterize the future, such as spinal cord injury demonstration projects, special projects in cardiac rehabilitation, drug abuse rehabilitation, and interagency cooperation.

Figure 1



From "State Vocational Rehabilitation Agency Program Data," Social and Rehabilitation Service, Rehabilitation Services Administration.

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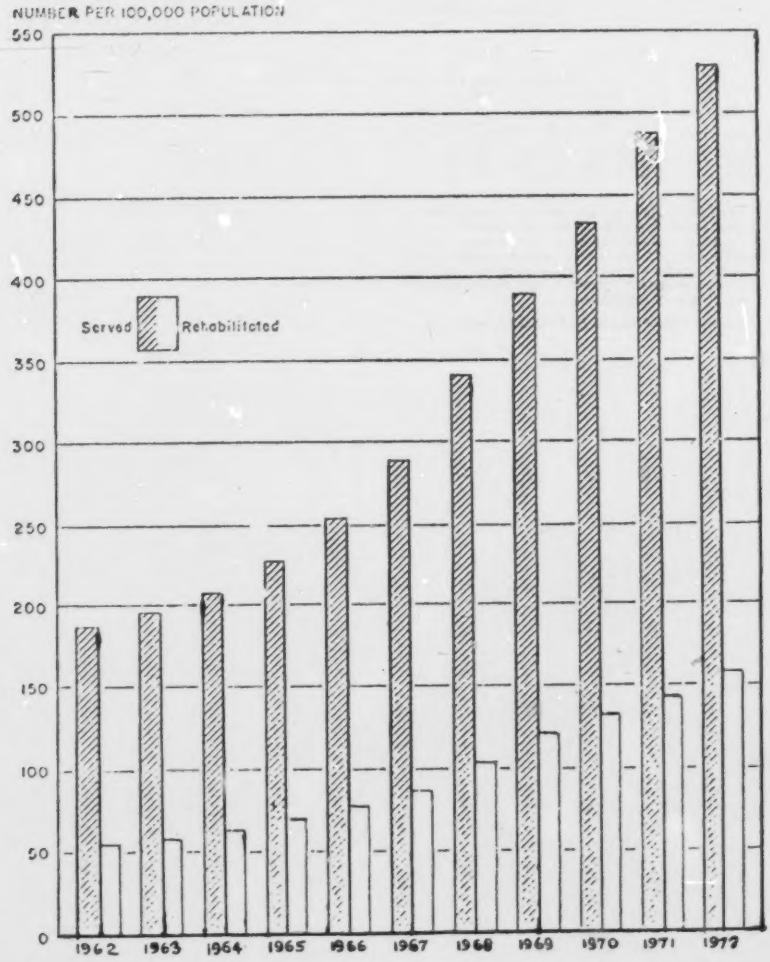
FIGURE 2

FIGURE 2.—Number of persons rehabilitated and cases served by State Vocational Rehabilitation Agencies per 100,000 population, fiscal years 1962–1972



From "Caseload Statistics, State Vocational Rehabilitation Agencies," Social and Rehabilitation Service, Rehabilitation Services Administration.

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FIGURE 3

TABLE 1.—NUMBER OF REFERRED AND ACTIVE CASES IN STATE VOCATIONAL REHABILITATION AGENCIES, FISCAL YEARS 1971 AND 1972[1]

Fiscal year	Referred cases during fiscal year					Active cases during fiscal year			
	Total available	Accepted for services	Accepted for extended evaluation	Not accepted for services[2]	Remaining on June 30[3]	Total active load (receiving services)	Closed from active load		Remaining on June 30[5]
							Rehabilitated	Not rehabilitated[4]	
1971	1,295,861	454,175	25,520	426,653	389,513	1,001,660	291,272	96,721	613,667
1972	1,379,196	481,812	28,587	455,196	413,196	1,111,045	326,138	108,784	676,173

[1] Figures by States are available in, "Caseload Statistics, State Vocational Rehabilitation Agencies," Social and Rehabilitation Service, Rehabilitation Services Administration.

[2] Services declined, services are not needed, individual not eligible, individual needing services other than vocational rehabilitation, referred to other agencies, migratory shifting of the individual, etc.

[3] Eligibility for vocational rehabilitation services not yet determined.

[4] Closed because of Personal factors, illness, aggravated disability, loss of contact, etc.

[5] In Process of rehabilitation.

Source: Table Prepared by Rehabilitation Services Administration, Social and Rehabilitation Services Administration.

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FIGURE 4

TABLE 2.—FEDERAL GRANTS AND STATE MATCHING FUNDS IN 1972 UNDER SECS. 2, 3, AND 4(a)(2)(A) OF THE VOCATIONAL REHABILITATION ACT AND SOCIAL SECURITY TRUST FUNDS

State or territory	Sec. 2		Sec. 3		Social security trust fund	Sec. 4(a)(2)(A)		Total	
	Federal grants	Matching State funds	Federal grants [4]	Matching State funds		Federal grants	Matching State funds	Federal grants	Matching State funds
Total	$559,000,000	$141,419,472	$2,046,523	$241,317	$30,100,000	$39,790,825	$4,421,203	$631,337,348	$146,081,992
Alabama	15,793,803	3,937,702	50,034	5,559	741,701	507,462	56,385	17,050,006	3,999,646
Alaska	1,300,000	250,000	24,750	2,750	26,120	225,041	25,005	1,275,911	277,755
Arizona	5,866,176	1,466,544	25,000	2,778	262,958	495,444	55,049	6,649,578	1,524,371
Arkansas	9,023,266	2,488,922	28,269	3,141	459,670	591,316	65,702	10,102,521	2,557,765
California	35,710,806	8,927,702	243,000	27,000	2,771,248	4,353,997	483,777	43,079,051	9,438,479
Colorado	6,300,698	1,575,175	29,757	3,307	250,988	398,336	44,260	6,979,779	622,742
Connecticut	4,476,056	1,119,014	32,988	3,665	336,187	493,856	54,873	5,339,087	1,177,552
Delaware	1,148,032	342,244	25,000	2,778	71,035	481,000	53,444	1,725,067	398,466
District of Columbia	4,582,581	1,145,645	20,625	2,292	103,109	314,784	34,976	5,021,099	1,182,913
Florida	20,668,031	5,167,008			1,197,478	909,889	101,099	22,715,398	5,268,107
Georgia	17,046,821	4,689,915	27,000	3,000	878,463	954,632	106,092	18,907,116	4,799,007
Hawaii	1,864,125	466,031			73,026	188,639	20,960	2,125,790	486,991
Idaho	2,767,011	691,753	25,000	7,678	95,573	134,566	14,952	3,022,450	714,416
Illinois	20,704,483	5,176,121	156,535	17,393	1,319,121	1,725,693	191,744	23,905,832	5,385,258
Indiana	7,200,000	1,800,000			645,458	573,033	63,670	8,418,491	1,865,670
Iowa	8,156,454	2,039,113	39,407	4,379	343,113	827,771	91,975	9,366,745	2,135,467
Kansas	4,828,794	1,207,198			264,027	221,689	24,632	5,314,510	1,231,830
Kentucky	12,560,860	3,140,215			675,487	482,757	53,640	13,719,104	3,193,855
Louisiana	14,774,173	3,693,543	53,066	5,894	833,594	678,647	75,405	16,139,480	3,774,842
Maine	2,677,978	669,495			154,304	201,735	22,415	3,034,017	691,910
Maryland	8,598,927	2,603,810			468,567	1,335,589	148,399	10,403,083	2,752,200
Massachusetts	11,596,197	2,899,049	16,500	5,500	689,671	724,071	80,452	13,026,439	2,985,001
Michigan	20,313,061	5,078,265	104,130	11,570	1,171,005	1,599,110	177,679	23,187,306	5,267,514
Minnesota	10,673,096	2,668,274	45,477	5,053	387,768	464,467	51,607	11,570,808	2,724,934
Mississippi	11,520,065	2,880,016	25,080	2,787	581,293	296,685	32,765	12,373,123	2,915,768
Missouri	13,971,514	3,492,878	16,200	1,800	782,189	678,512	75,390	15,398,415	3,570,068
Montana	2,443,652	610,913	25,000	2,778	114,731	165,018	18,335	2,748,401	632,026
Nebraska	4,261,420	1,065,355			174,164	209,534	23,282	4,645,118	1,088,637
Nevada	1,000,000	269,460	25,000	2,778	126,469	376,063	41,785	1,527,532	314,023
New Hampshire	2,154,458	538,614			88,960	124,291	13,810	2,367,709	552,424
New Jersey	13,249,191	3,312,298	75,950	8,439	909,932	1,556,965	172,996	15,791,038	3,493,733
New Mexico	4,056,450	1,014,135			135,827	170,800	18,978	4,363,167	1,033,113
New York	30,953,392	8,069,260	257,004	28,555	2,636,196	4,427,430	491,937	38,274,022	8,589,752
North Carolina	20,285,508	5,071,377	27,187	3,021	965,175	577,170	64,130	21,855,040	5,138,528
North Dakota	2,410,718	602,680			136,855	77,000	8,556	2,624,573	611,236
Ohio	23,990,307	5,997,577			1,380,557	1,746,305	194,034	27,117,169	6,191,611
Oklahoma	9,337,877	2,334,469	36,388	4,043	472,493	751,338	83,482	10,598,096	2,421,994
Oregon	5,918,578	1,489,645	28,793	3,199	307,816	450,974	50,108	6,706,161	1,532,952
Pennsylvania	32,179,632	8,044,908	58,433	6,493	1,893,175	1,374,426	152,714	35,505,666	8,204,115
Rhode Island	2,265,491	566,373	25,000	2,778	146,824	159,590	17,732	2,596,905	586,883

See footnotes at end of table p. 14.

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TABLE 2.—FEDERAL GRANTS AND STATE MATCHING FUNDS IN 1972 UNDER SECS. 2, 3, AND 4(a)(2)(A) OF THE VOCATIONAL REHABILITATION ACT AND SOCIAL SECURITY TRUST FUNDS—Con.

State or territory	Sec. 2		Sec. 3		Social security trust fund	Sec. 4(a)(2)(A)		Total	
	Federal grants	Matching State funds	Federal grants [1]	Matching State funds		Federal grants	Matching State funds	Federal grants	Matching State funds
South Carolina	11,654,844	2,913,711	10,000	1,111	547,728	623,426	69,270	12,835,998	2,984,092
South Dakota	2,489,380	622,345	25,000	2,778	110,711	227,663	25,296	2,852,754	650,419
Tennessee	12,276,000	3,069,000			722,904	499,366	55,485	13,498,270	3,134,485
Texas	37,677,065	9,419,266	158,519	17,613	1,416,095	1,691,985	187,998	40,943,664	9,624,877
Utah	4,011,796	1,002,949	25,000	2,778	97,564	150,805	16,756	4,285,165	1,022,483
Vermont	1,420,199	355,050	27,110	3,012	67,757	224,537	24,949	1,739,603	383,011
Virginia	15,171,519	3,792,880	65,832	7,315	791,471	1,469,793	163,310	17,498,615	3,963,505
Washington	8,008,131	2,002,033	48,206	5,356	428,292	1,009,657	112,184	9,494,286	2,119,573
West Virginia	7,667,121	2,016,620	25,775	2,864	542,091	578,533	64,281	8,813,520	2,083,765
Wisconsin	12,270,770	3,116,332	20,928	2,325	547,489	525,253	58,473	13,365,440	3,177,130
Wyoming	1,067,090	266,773	25,000	2,778	38,262	165,000	18,333	1,295,352	287,884
American Samoa	534,430	133,607	25,000	2,778	5,313	20,000	2,222	584,743	138,607
Guam	16,124,320	4,031,080	38,585	9,646	467,684	577,682	64,186	17,208,271	4,104,913
Puerto Rico	340,557	85,139	4,595	555	5,313			350,865	85,694
Trust Territory									
Virgin Islands									

[1] Sec. 3, innovation Federal grants were supported under the expansion grants program (sec. 4(a)(2)(A)), during fiscal year 1972.

[2] Separate blind agency.

[3] Including District of Columbia, Guam, Puerto Rico, Virgin Islands, American Samoa, and Trust Territory of the Pacific Islands.

Source: Table prepared by the Division of State Program Financial Operations, Rehabilitation Services Administration.

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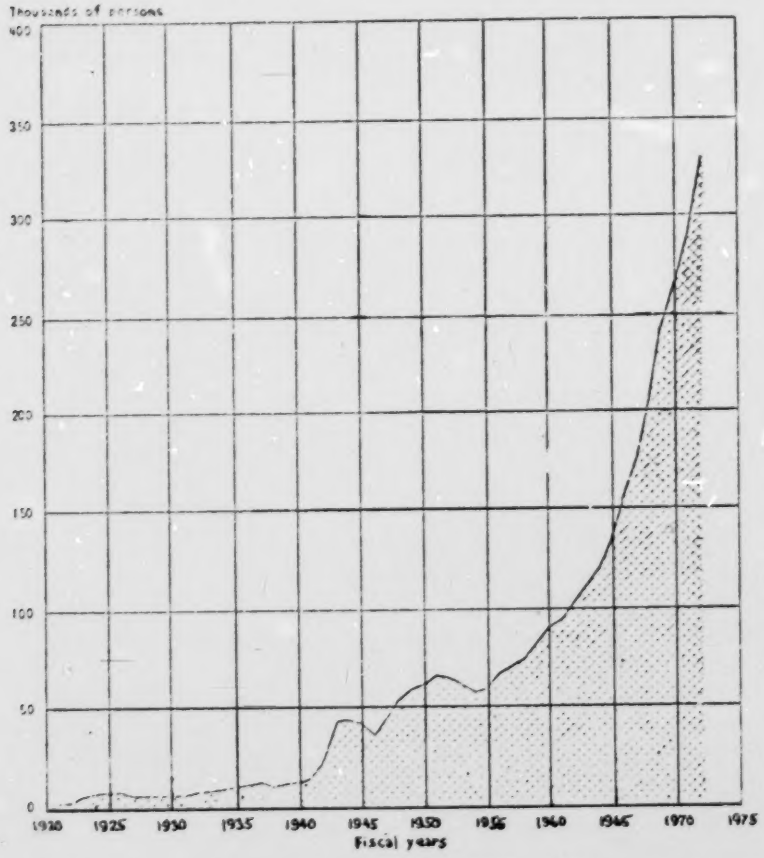
FIGURE 5.—Number of Persons Rehabilitated By State Vocational Rehabilitation Agencies. Fiscal Years 1921–1972.



From "Caseload Statistics, State Vocational Rehabilitation Agencies," Social and Rehabilitation Service, Rehabilitation Services Administration.

APPENDIX

Additional information submitted at the request of Senator Jennings Randolph

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NEW BDB PAGE

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United States Senate
COMMITTEE ON
LABOR AND PUBLIC WELFARE
WASHINGTON, D.C. 20510

September 25, 1973

The Honorable Caspar W. Weinberger
Secretary of Health, Education and Welfare
330 Independence Avenue, S. W.
Washington, D. C. 20201

Dear Mr. Secretary:

I have reviewed the Annual Report of the Department of Health, Education and Welfare on Federal activities related to administration of the Vocational Rehabilitation Act, dated December 1972, and transmitted to the President of the Senate on June 21, 1973. While the data provided by the annual report indicates an increased number of closed cases for rehabilitation, it leaves a significant number of questions unresolved. My initial observations and questions follow:

1. There is no data that differentiates among services to the handicapped groups; for example, what is the relative cost of rehabilitating deaf people, blind people, the mentally retarded, or mentally ill people? How many individuals in each disability group were served, how many were rejected, and how do these data relate to the total target population for each disability group?

2. There is no information on the effectiveness of rehabilitation other than the numbers of entry-level job placements. How extensive are follow-up services? What happens on the job? Do these people grow in their employment, or are they placed in "dead-end" or make-work situations? Is the employment suitable for the individual? Do they need constant support services? If so, what are the rehabilitation agencies doing to provide such services? Should RSA pay for interpreters for the deaf, readers for the blind, counselors on the job for the mentally retarded, or other such services?

3. More than 450,000 referrals were not accepted for service in FY 1972. What were the characteristics of these people? Why were they rejected? Could they have been helped? Are they more severely handicapped than those who were accepted, and consequently require more long-term rehabilitation?

4. Were the majority of the accepted and closed cases the more mildly handicapped who could benefit from short-term programs?

5. What is the average period of rehabilitation for each area of the target population served? What is the range of time required for rehabilitation for these populations?

6. Is employment per se the major goal for closing out a case or is there an effort to meet the individual's potential ability? Are clients provided rehabilitation services which maximize their abilities, or do services result in only the most rudimentary preparation for employment?

7. The report indicates that 23.4% of the target population was under 20 years of age. Doesn't this suggest an overlap between the rehabilitation program on the one hand, and responsibilities of the education system and the Vocational Education Act of 1968 on the other? What is being done to assure complementary rather than competitive programming between Vocational Education and Vocational Rehabilitation?

8. The deaf and hard-of-hearing report was most unclear. One would assume that this is a single service program to provide entry into the Postal Service. Doesn't the program provide a multiple range of programs from trade school to graduate study?

9. What is the breakdown of services performed by vocational rehabilitation in the following settings:

A. Local and state public schools and institutions

B. Clinics and centers for communications disorders

C. Trade schools

D. Unions

E. Vocational and technical schools

F. Civil Service Commission

G. National Technical Institute for the Deaf

H. Gallaudet College

I. State colleges and universities

J. Private colleges and universities

K. Management training programs

10. The handicapped have long claimed that their problem is one of under-employment. What is RSA doing to assure upward mobility of these workers?

11. How many handicapped people are employed in rehabilitation services? How many full-time or full-time equivalent interpreters for the deaf are employed by the Civil Service within RSA?

12. The National Center for Deaf-Blind Youths and Adults was conceived as a single center to serve the nation. Under what authority did the center open field offices? Are there plans to open field offices in all 10 DHEW regions? Since the greater number of deaf-blind individuals were served in the field, 169 as opposed to 146 at the National Center, is it to be assumed that the Department no longer considers a single center desirable? Are field office services qualitatively equivalent to those provided at the National Center? If the Department wants to open ten regional offices, is this a better way to expend funds than in construction of a center in New York City? How do regional offices relate to the centers for deaf-blind children under the Education of the Handicapped Act?

13. What is the failure rate of the narcotic addicts rehabilitation program? Of the estimated number of 2,000 people rehabilitated, how many can be expected to drop out again? Do you accept the failures for re-examination and re-programming?

14. What was the average period of time covered by consultations under the Technical Assistance Program? Did consultants prepare written reports to facilities served?

15. Are there enough rehabilitation workers in the nation today? Will colleges and universities continue to train personnel to work in rehabilitation? Are their programs adequate; and if not, have you formulated plans to improve their adequacy, particularly in view of the expansion of services contemplated by the Rehabilitation Act of 1973?

16. What has happened to the support of special training programs in the rehabilitation of blind, deaf and mentally retarded persons?

Of equal importance to the substantive questions about the report is the timing of the report itself. This report, for the fiscal year ending June 1972, did not reach me until June 26, 1973. It would be of greater use if the report were made available to the Senate sooner than a year after the end of the fiscal year.

With appreciation for your early attention to this request and best wishes, I am

Truly,

Jennings Randolph

Jennings Randolph
Chairman
Subcommittee on the Handicapped

THE SECRETARY OF HEALTH, EDUCATION, AND WELFARE
WASHINGTON, D. C. 20201

OCT 19 1973

Honorable Jennings Randolph
Chairman, Subcommittee on the Handicapped
Committee on Labor and Public Welfare
United States Senate
Washington, D. C. 20510

Dear Senator Randolph:

I was pleased to receive your letter of September 25 regarding this Department's vocational rehabilitation program. The observations and questions outlined focus on critical issues the Department is currently addressing as it seeks to implement the Rehabilitation Act of 1973. The issues relate to specific informational requirements, policy formulation and interpretation, program analysis, evaluation, and forecasting.

As you know, the Annual Report is intended to convey general information on program operations to the Congress. While the information required to reply to your questions is for the most part available, SRS is currently in the process of revising the reporting system to assure that where key parts of your questions remain unanswered particularly as they relate to program effectiveness, they will be answerable in the future.

A detailed response to your questions is contained in the attachment. Where information is not available, planning activities are underway either to build it into the revised information systems through which the States routinely report to us, or to develop research or sampling studies which will provide desired results. Of course, the resources available for developing such systems are finite, so we must exercise great care in deciding where to place our priorities.

Page 2 - Honorable Jennings Randolph

As a matter of particular interest to your Subcommittee, the revision of the RSA reporting system is proceeding as part of an overall strategy within SRS to integrate, insofar as is practical, the information and reporting requirements of all Bureaus involved in delivering resources and services to recipients. Toward this end, organizational changes have been effected which consolidate all SRS information and statistical functions within a single unit under an Associate Administrator. This move is designed to assure that the Department is responsive to the critical information needs of Congress and the Administration.

All SRS reports are being carefully scrutinized to determine: who uses the information? for what purpose? how often? and what relative importance does it have to other information needs? From this analysis, a new system will emerge aimed at minimizing the reporting burden on the States to assure that they, in fact, manage their programs effectively and will provide the kind of information that will answer questions like those in your letter quickly and accurately.

Should you wish to discuss the details of the answers provided, please let me know.

Sincerely,

Secretary

Enclosure

1. There is no data that differentiates among services to the handicapped groups; for example, what is the relative cost of rehabilitating deaf people, blind people, the mentally retarded, or mentally ill people? How many individuals in each disability group were served, how many were rejected, and how do these data relate to the total target population for each disability group?

Table 1 indicates the number of persons rehabilitated in Fiscal Year 1971 in various disability groups, the number in each group not accepted for VR services and the mean cost of purchased services for clients with those disabilities who were rehabilitated in Fiscal Year 1971. Please note the limitations of these cost data as expressed on the table. Obtaining complete and relevant cost data has been a continuing problem both for RSA and the States. We have encouraged the States to improve their system to provide both quality information and a broad scope of data in the cost area. SRS will work with the States in this effort and resulting improvements will be incorporated in the revised RSA information system.

The total number of cases served by type of disabling condition, is not collected in the existing data system. As an estimate, however, we may presume from overall program experience that cases in each group served are approximately 3.3 times greater than the number of persons rehabilitated. By definition, cases served in a given year include those rehabilitated or not rehabilitated in that year plus those cases still in the active statuses at the end of the year. This latter group forms the majority of all cases served in a particular year.

The information needed to relate vocational rehabilitation data to the total population of various disability groups is not available. In 1970, the Bureau of the Census, for the first time, collected data relating to work disability, but disability type was not part of the survey. It is possible only to relate our data to the total number of persons with a work disability. In Fiscal Year 1973, for example, 296, of every 10,000 such disabled persons in the United States were rehabilitated under the Federal-State Program of Vocational Rehabilitation. Of course, this rate, although a clear improvement over our previous measure of rehabilitations per 100,000 population, is not a fully adequate measure of program performance since not all persons with a work disability have need of vocational rehabilitation services. Many, in fact, would have adjusted to this limitation and be gainfully employed.

TABLE 1

Cases closed by State VR agencies in FY 1971, by type of disability: Rehabilitation and mean purchased cost and cases not accepted for VR services

Major disabling condition	Actual Number rehabilitations	Number rejected a/	Number of rehabilitation with costs to agency	Actual Average cost (dollars) b/
Number reporting	263,285	388,762	243,498	$742
Blindness, both eyes	7,094	7,013	6,807	1,369
Other visual impairments	15,409	23,365	14,918	608
Deafness	5,566	3,150	5,404	766
Other hearing impairments	8,169	7,047	8,047	576
Orthopedic impairments	45,637	98,226	42,953	931
Absence or amputation of extremities	8,604	5,609	8,368	763
Mental illness	71,350	104,159	59,078	641
Psychotic disorders	15,783	18,477	12,278	853
Psychoneurotic disorders	12,811	13,035	11,295	715
Alcoholism	13,361	16,993	9,775	443
Drug addiction	1,505	2,893	1,254	804
Other character disorders	27,900	34,860	24,476	572
Type of mental illness not known	---	17,901	---	---
Mental retardation	29,744	28,590	27,729	786
Epilepsy	4,066	6,866	3,811	939
Heart disease	6,990	20,524	6,345	1,026
All other circulatory conditions	3,720	9,349	3,529	616
Respiratory system conditions	4,262	13,295	3,763	684
Digestive system conditions	24,048	15,906	23,351	486
Gerito-urinary system conditions	8,259	5,316	7,926	784
Speech impairments	2,277	2,859	2,193	984
All other disabling conditions	18,090	37,488	19,276	---

a/ Refers to disability as reported at referral and not as determined by traditional State VR agency diagnostic procedures.

b/ The average cost is the cost per rehabilitated person receiving case services paid for by the State vocational rehabilitation agency. Some services were obtained free or were paid for, wholly or in part, by other organizations or individuals or by the client. The cost of administration, guidance, counseling, and placement is excluded.

2. There is no information on the effectiveness of rehabilitation other than the numbers of entry-level job placements. How extensive are follow-up services? What happens on the job? Do these people grow in their employment, or are they placed in "dead-end" or make-work situations? Is the employment suitable for the individual? Do they need constant support services? If so what are the rehabilitation agencies doing to provide such services? Should RSA pay for interpreters for the deaf, readers for the blind, counselors on the job for the mentally retarded, or other such services?

RSA collects information only on the effectiveness of vocational rehabilitation for the time period between original intake and closure. In addition to simply recording whether a client was placed in employment, information is available on his earnings during those two points in time, public assistance payments, and type of placement at closure (i.e., in competitive employment, in sheltered workshops, as a homemaker).

The question indicates concern with the long run effects of rehabilitation. RSA has no systematic method of collecting follow-up data on the job situations of former clients - do they stay employed, do earnings rise, do they change jobs, etc? However, in conjunction with a benefit-cost project funded at the University of California (Berkeley), a systematic review has been undertaken of all existing "follow-up studies" and the conclusions will be available shortly. In addition, a contract was given to National Analysts, Incorporated, to follow-up 5000 former VR clients for periods between 1 and 3 years after closure. The results of this review will be available. We are also considering linking data between the Social Security Administration and the Rehabilitation Services Administration for purposes of long run follow-up of VR clients.

We do not have information of the extent to which follow-up services are rendered. VR clients have, of course, the right to obtain additional services from VR agencies, if needed, and at the present time about one out of every 16 rehabilitants has been previously served. Undoubtedly many others are informally counselled by rehabilitation counselors after closure.

TABLE 2

CHARACTERISTICS OF CLIENTS NOT ACCEPTED FOR VOCATIONAL REHABILITATION SERVICES DURING FISCAL YEAR 1972

	Number	Percent
1. Sex		
Total reporting sex	420,251	100.0
Male	271.429	64.6
Female	148,822	35.4
2. Race		
Total reporting race	398,601	100.0
White	295,733	74.2
Negro	89,716	22.5
Indian	2,484	0.6
Other	10,668	2.7
3. Age at referral		
Total reporting age	431,892	100.0
Less than 18 years	47,142	10.9
18 through 19 years	40,338	9.3
20 through 24 years	67.682	15.7
25 through 34 years	77,597	18.0
34 through 44 years	70,985	16.4
45 through 54 years	80,663	18.7
55 through 64 years	41,825	9.7
65 years and over	5,660	1.3
4. Referral Source		
Total reporting referral source	427,534	100.0
Educational institutions	42,315	9.9
Hospitals and sanitoriums	39,865	9.3
Health organizations and agencies	18,711	4.4
Welfare agencies	61,487	14.4
Social Security Admin.	94,853	22.2
Workmen's Compensation agencies	6,652	1.6

TABLE 2 (continued)

4. Referral Source

State Employ. Service	18,974	4.4
Correctional institution	25,965	6.1
All other public organiz.	19,207	4.5
Artificial appliance co.	1,153	0.3
All other private organ.	4,350	1.0
Self-referred persons	41,166	9.6
Physicians	17,273	4.0
All other individuals	35,563	8.3

Disability as reported *

	Number	Percent
Total reporting	423,388	100.0
Blindness	8,101	1.9
Other visual impairments	27,440	6.5
Deafness	3,250	0.8
Other hearing impairments	7,403	1.7
Orthopedic impairments	104,823	24.8
Absence or amputation of extremities	5,462	1.3
Mental illness	121,381	28.7
Psychotic disorders	18,045	4.3
Psychoneurotic disorders	14,103	3.3
Alcoholism	20,219	4.8
Drug Addiction	4,956	1.2
Other character disorders	44,343	10.5
Type of mental illness not known	19,715	4.7
Mental retardation	31,603	7.5
Heart disease	19,838	4.7
All other circulatory conditions	9,380	2.2
Respiratory system conditions	12,324	2.9
Digestive system conditions	17,973	4.2
Genito-urinary system conditions	5,649	1.3
Speech impairments	2,898	0.7
All other disabling conditions	45,863	10.8

* Disability as reported pertains to the disability reported to the counselor at the time of referral. It is recognized that the disability as first reported may not be the major disability condition as diagnosed if the client were actually accepted for vocational rehabilitation services.

3. More than 450,000 referrals were not accepted for service in FY 1972. What were the characteristics of these people? Why were they rejected? Could they have been helped? Are they more severely handicapped than those who were accepted, and consequently require more long-term rehabilitation?

Table 2 shows the age, sex, race, and referral source and tentative disabling condition of those cases not accepted for vocational rehabilitation services during Fiscal Year 1972. Table 3 shows reasons for not accepting cases into the active caseload during Fiscal Year 1972. About 30% of these cases were recorded as refusing services and another 20% of these cases could not be located by the counselor after formal referral for services. Although not all of the reasons in the attachment are specific, (e.g., we do not know why a client refuses service), they do provide a kind of starting point as to why some clients are not served.

Information is not available as to whether those persons rejected for vocational rehabilitation services could have been helped. This, as noted in the previous response, represents a priority area for evaluation.

TABLE 3

Reasons for not accepting cases into the active caseload during Fiscal Year 1972

Total Reporting Reason	Number 361,537	Percent 100.0
Not able to locate or contact; or moved	72,380	20.0
Handicap too severe or unfavorable medical prognosis	51,172	14.2
Refused services	108,413	30.0
Death	3,425	0.9
Client institutionalized	4,551	1.3
Transferred to another agency	4,116	1.1
Failure to cooperate	52,571	14.5
No disabling condition	28,705	7.9
No vocational handicap	26,867	7.4
Other reasons	9,337	2.6

4. Were the majority of the accepted and closed cases the more mildly handicapped who could benefit from short-term programs?

The issue you raise in this question is quite important to us. It is not yet possible to provide a satisfactory response, however, because we have not until now operated under any explicit definition of terms like "mild" or "severe" handicap. We are in the process, though, of carefully defining "severity" as a result of the Congressional mandate expressed in the recently passed Rehabilitation Act of 1973 to serve increased numbers of severely disabled persons.

It should be observed that an effectively operating VR program may well serve a majority of persons classified as mildly retarded since they represent a preponderant majority among the disabled. It is not the philosophy of the VR program to deny VR services to individuals on the basis of the severity of their condition unless they are too severely disabled to be able to benefit from the program or if they are so mildly disabled that VR services are not needed.

5. What is the average period of rehabilitation for each area of the target population served? What is the range of time required for rehabilitation for these populations?

Overall, clients rehabilitated in FY 1971 spent an average of 15 months from the time they were accepted for VR services to the time their cases were closed rehabilitated. Table 4 shows the mean number of months spent in active caseload from time of acceptence to closure by clients with various disabilities who were rehabilitated in FY 1971. In addition to these time spans, clients will have spent an average of four months in the referral statuses undergoing diagnostic and evaluative testing to determine their eligibility for VR services.

The range of time spent in the VR process is considerable because the needs of clients and the services required to assist them are quite varied. Among all clients rehabilitated in FY 1971, 35% spent six months or less in the active statuses; 23%, seven to 12 months; 14%, 13 to 18 months; 9%, 19 to 24 months; 10%, 25 to 36 months; 10% 37 or more months. Table 5 shows these same distributions for selected target groups.

TABLE 4

MEAN NUMBER OF MONTHS SPENT IN THE VOCATIONAL REHABILITATION PROCESS FROM ACCEPTANCE TO CLOSURE BY CLIENTS REHABILITATED IN FISCAL YEAR 1971 BY SELECTED MAJOR DISABILITY CONDITIONS

Major Disabling Condition	Mean Number of Months
All clients	15
Blindness	18
All other visual impairments	15
Deafness	16
All other hearing impairments	12
Orthopedic impairments	19
Amputations	13
Mental illness	12
Psychosis	12
Psychoneurosis	15
Alcholism	8
Drug addiction	10
Other character disorders	13
Mental retardation	18
Heart	17
Other circulatory system conditions	10
Epilepsy	20
Respiratory system conditions	16
Digestive system conditions	8
Genito-urinary system conditions	9
Clients on welfare at some time during the VR process	15

TABLE 5

NUMBER OF MONTHS FROM ACCEPTANCE TO CLOSURE FOR PERSONS REHABILITATED BY STATE VOCATIONAL REHABILITATION AGENCIES, FISCAL YEAR 1971

	ALL		BLIND		DEAF		MENTALLY ILL		MENTALLY RETARDED		PUBLIC ASSISTANCE	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Number reporting	226,891	100.0	6,218	100.0	4,810	100.0	59,246	100.0	25,764	100.0	32,008	100.0
Less than 7 months	79,605	35.1	1,565	25.2	1,838	38.2	22,745	38.4	5,808	22.5	10,353	32.2
7-12 months	52,718	23.2	1,621	26.1	861	17.9	14,327	24.2	5,269	20.5	8,105	25.3
13-18 months	30,983	13.7	1,002	16.1	556	11.6	8,598	14.5	4,304	16.7	4,989	15.6
19-24 months	19,516	8.6	540	8.7	412	8.6	5,361	9.0	3,049	11.8	3,125	9.8
25-36 months	22,375	9.9	650	10.5	492	10.2	5,107	8.6	4,119	16.0	3,086	9.6
37 or more months	21,694	9.6	840	13.5	651	13.5	3,108	5.2	3,215	12.5	2,350	7.3
Mean	15 months		19 months		17 months		13 months		19 months		15 months	

6. Is employment per se the major goal for closing out a case or is there an effort to meet the individual's potential ability? Are clients provided rehabilitation services which maximize their abilities, or do services result in only the most rudimentary preparation for employment?

The vocational rehabilitation process seeks to define a vocational goal that is desirable to the client and within his capabilities. Thus, meeting the clients needs and desires is the major goal for closing out a case. We can say that the goals are far higher than minimal employment and the services rendered are more than would be needed for the most rudimentary preparation for employment. The term, "maximizing abilities" is somewhat difficult to operationalize since literally interpreted it would require providing services long after the point that they ceased to be econorically possible in the program.

We expect the Vocational Rehabilitation Act of 1973, with its greater emphasis on the development of the individualized plan with the participation and concurrence of the client, the follow-up, and the follow-along services, will encourage a client to develop a goal most in accord with his individual needs and optimal capabilities.

7. The report indicates that 23.4% of the target population was under 20 years of age. Doesn't this suggest an overlap between the rehabilitation program on the one hand, and responsibilities of the education system and the Vocational Education Act of 1968 on the other? What is being done to assure complementary rather than competitive programming between Vocational Education and Vocational Rehabilitation?

Vocational rehabilitation agencies have been most active in participating cooperatively with vocational education agencies in providing services to handicapped individuals.

In an effort to insure and expand these cooperative relationships, statutory requirements were included in the Vocational Education Act of 1968. The Vocational Education Amendments of 1968 require that 10% of the Federal funds allotted to the States be expended for vocational education programs for the handicapped. In addition, as part of the Vocational Education State Plan, cooperative arrangements are required with other State agencies that may have responsibility for the handicapped, and adequate representation must be afforded on the State Vocational Education Advisory Council in each State.

To further assure cooperative efforts, a conference was held in February 1972, jointly sponsored by the Council of State Administrators of Vocational Rehabilitation and the National Association of State Directors of Vocational Education, with the objective of the conference being to determine how the two agencies can improve and expand their working relationships.

Thus, we believe the two programs have become complementary rather than competitive.

8. The deaf and hard-of-hearing report was most unclear. One would assume that this is a single service program to provide entry into the Postal Service. Doesn't the program provide a multiple range of programs from trade school to graduate study? (Partially answered in #9, but not broken out by deaf and hard-of-hearing.)

The vocational rehabilitation program provides a full range of services to the deaf and hard-of-hearing. As observed in the report, 6,000 deaf and 9,800 persons who were hard of hearing were rehabilitated in fiscal year 1972.

A recent important development has been an effort by about 10 State programs to place deaf persons in the Postal Service. During fiscal year 1972, over 500 persons were so placed. While these represent less than 10% of the total deaf rehabilitated, they do, in our opinion, constitute an interesting break-through to a new job area for the deaf. This is accomplished through the close cooperation of the Postal Service and State rehabilitation agencies.

The program does provide a multiple range of programs from trade school to graduate study. These are discussed more thoroughly in our response to Question #9.

9. What is the breakdown of services performed by vocational rehabilitation in the following settings:

A. Local and state public schools and institutions
B. Clinics and centers for communication disorders
C. Trade schools
D. Unions
E. Vocational and technical schools
F. Civil Service Commission
G. National Technical Institute for the Deaf
H. Gallaudet College
I. State colleges and universities
J. Private colleges and universities
K. Management training programs

Our data system provides only broad breakdowns of how the combined total of Federal and State funds is spent under the basic support program on providing training services to VR clients. The following table shows the breakdown for Fiscal Year 1972 for the combined total of $170,615,323 spent on such training, representing 24.5% of the total spent under this program.

Type	Amount	% of Total Training	# of Clients Served
College or University	57,303,385	33.6	134,150
Elementary or High School	7,238,302	4.2	25,271
Bus. School or College	11,015,384	6.5	25,241
Vocational School	33,221,430	19.5	78,266
On the Job Training	7,045,792	4.1	20,310
Personal & Voc. Adjust.	45,558,803	26.7	81,400
Miscellaneous	9,232,227	5.4	41,336
Total	$170,615,323		

The Trust Fund Program which is 100% Federal funding spent $19,785,615 for training Rehabilitation Disability Beneficiaries.

9. A. Local and State public schools and institutions

State rehabilitation agencies have had a primary role in the development of cooperative programs designed to facilitate the transition of disabled people, particularly handicapped youth, from school and institutional settings to satisfactory job adjustment in the community. For example, important stimulus has been provided by the integration of special education and vocational rehabilitation services through some 80 RSA-supported projects which demonstrated the effectiveness of occupational training centers for the mentally retarded and coordinated programs to prepare the in-school retardate for employment. These demonstration projects assisted significantly in the development of cooperative school-rehabilitation programs for handicapped youth throughout the country. They also assisted greatly in the resolution of a major operational problem by helping to define those services which have traditionally been within the purview of special education and institutions, and those services which should be provided by State vocational rehabilitation agencies.

In essence, in either the school or institutional setting, the State rehabilitation agency will provide a range of services required for the achievement of appropriate occupational adjustment when such services are not the traditional responsibility of the school system or the institution.

9. B. Clinics and centers for communications disorders

In the past 20 years probably every State vocational rehabilitation agency has funded one or more centers for communication disorders through grants to colleges, universities, hospitals or hearing societies. We do not receive reports on the extent of their services which include hearing testing, aid fitting, training in use of aid in lipreading, in speech, correction, in listening, in language development, etc. All incoming information and site observations indicate the services of being a common characteristic.

9. C. & E. Trade Schools and Vocational-Technical School

State rehabilitation agencies operate in close cooperation with special education and vocational education agencies, as well as with private, nonprofit vocational-technical schools, in the preparation of handicapped individuals for unemployment. For example, on a given day of the school year, more than a thousand deaf clients of State rehabilitation agencies will be receiving occupational training at these schools, supplemented by such other services as specialized counseling, maintenance, communication development, personal adjustment training and job placement and follow-up.

9. D. Unions

Since 1958, the Rehabilitation Services Administration has taken an active role in promoting through training, demonstration and research, information on workmen's compensation, the disabled workers and the role of unions in the early referral of disabled workers.

Very early research grants funded a number of studies by universities to provide factual information on workmen's compensation, the disabled worker and the use of rehabilitation services. Secondly, from 1958 to 1968, through the National Institutes of Rehabilitation and Health Services, which has strong union representation, approximately 45 short term training institutes conducted in most of the States involved organized labor and state rehabilitation agencies in ways to promote the early referral of disabled workers.

The third major area of support was the provision of RSA support for some 15 demonstration projects to unions and some State rehabilitation programs to demonstrate the roles of unions and union counselors in the identification of workmen's compensation beneficiaries who could benefit from rehabilitation and the selective placement of disabled workers in industry. Notable projects were conducted in the New York City Central Labor Council, AFL-CIO and the Sidney Hillman Health Center.

These efforts of Rehabilitation Services Administration were recognized on two occasions at the National Conventions of the AFL-CIO by resolutions honoring both the program and the late Commissioner, Rehabilitation Services, Mary E. Switzer.

9. F. Civil Service Commission

All state VR agencies have been delegated authority by the United States Civil Service Commission to certify the employability of mentally retarded and severely handicapped persons for federal jobs in lieu of merit examinations. Between January, 1964 and June 30, 1972, 7,442 such certifications were made. A variety of services were provided to these employees by the VR agencies ahead of placement as required by their individual rehabilitation plans. Detailed statistics on this program are contained in a pamphlet provided in November 1972 by the USCSC entitled "An 81/2-year Record, Mentally Retarded Workers in the Federal Service."

9. G. National Technical Institute for the Deaf

Most if not all of the approximately 100 students at the NTID are clients of the State vocational rehabilitation agencies which may provide tuition, maintenance, transportation, counseling, hearing aids, and other such supportive functions.

9. H. Gallaudet College

Over 90 percent of the 1100 students are clients of the State vocational rehabilitation agencies which may provide tuition, maintenance, transportation, and miscellaneous items such as books, counseling, and hearing aids.

9. I. & J. State and Private Colleges and Universities

In general, State rehabilitation agencies follow the practice of making maximum use of State-operated higher educational institutions for their clients where this is feasible and suited to the client's educational needs and physical limitations. In general, sending a VR client to a private institution of higher education is a second choice. The $57 + million total spent in Fiscal Year 1972 for 134,150 clients meant an average college cost of about $427.

9. K. Management training programs

Management training for State vocational rehabilitation agency personnel has been supported in university settings to enhance the management skills of midline and high level supervisory personnel. When necessary, training in the management of vending stands is provided to blind individuals and training in the management of small business enterprises is provided to blind and other severely disabled clients of State vocational rehabilitation agencies.

10. The handicapped have long claimed that their problem is one of under-employment. What is RSA doing to assure upward mobility of these workers?

We have no data on the number of handicapped individuals who are placed in jobs that are significantly below what they may be capable of, or below what they would be capable of after additional rehabilitation services.

At this time, RSA has no systematic mechanism to assure the upward mobility of the rehabilitated clients. Developing techniques to accomplish this goal remains an important area for research and program development. In order to promote upward mobility of handicapped workers, we would need to test models for periodic evaluation of the jobs of the handicapped and procedures for working with employers to ensure that handicapped workers are given equal access to promotional opportunities.

11. How many handicapped people are employed in rehabilitation services? How many full-time or full-time equivalent interpreters for the deaf are employed by the Civil Service within RSA?

RSA has no data on the number of handicapped persons employed by State vocational rehabilitation agencies. It is believed, however, that a substantial proportion of State vocational rehabilitation agency employees are handicapped.

At the Federal level, 21 out of 154 RSA employees are handicapped according to the definitions employed by the Civil Service Commission. The handicaps of these persons do not interfere with their job responsibilities.

RSA has no full-time or full-time equivalent interpreters for the deaf hired through the Civil Service. On occasion, interpreters have been employed on a contract basis but this has proven inefficient. At present, two employees who are employed as secretaries have become sufficiently adept in sign language to serve as interpreters to deaf RSA employees. This arrangement has worked well.

12. The National Center for Deaf-Blind Youths and Adults was conceived as a single center to serve the nation. Under what authority did the center open field offices? Are there plans to open field offices in all 10 DHEW regions? Since the greater number of deaf-blind individuals were served in the field, 169 as opposed to 146 at the National Center, is it to be assumed that the Department no longer considers a single center desirable? Are field office services qualitatively equivalent to those provided at the National Center? If the Department wants to open ten regional offices, is this a better way to expend funds than in construction of a center in New York City? How do regional offices relate to the centers for deaf-blind children under the Education of the Handicapped Act?

In order to facilitate early referral of deaf-blind persons to the National Center for Deaf-Blind Youth and Adults, four staff members of the Center have been located strategically throughout the country. Their main work is to interview the client and the family, interpret the program, assist in obtaining medical and other special examinations and also prescribe a program to be provided at the Center. These workers collaborate with the local State vocational rehabilitation counselors. The staff operate in one-room offices with secretarial assistance, and are, in a form of "field offices". They are not, however, now intended or planned to be field offices in the sense of providing a range of services to individuals qualitatively equivalent to those provided at the National Center.

The National Center, now operating in temporary quarters, will be housed in its permanent facility at Sands Point, Long Island. Plans to begin construction have been finalized.

When completed, the Center will provide services for clients who have the most difficult problems. An equally important responsibility contained in the law is to train specialists to be employed by appropriate rehabilitation facilities throughout the country so that less difficult cases can be served in their own communities. "Hard-core" cases will need the extensive services that can only be provided by the National Center.

Both the staff of the National Center and the four intake workers maintain close liaison with the program for deaf-blind children, including the centers, administered by the Office of Education.

13. What is the failure rate of the narcotic addicts rehabilitation program? Of the estimated number of 2,000 people rehabilitated, how many can be expected to drop out again? Do you accept the failures for reexamination and reprogramming?

Abusers of narcotics or other drugs may receive services from State vocational rehabilitation agencies if the individuals meet statutory eligibility criteria. In general, a drug abuser is not a feasible client for vocational rehabilitation unless he is concurrently receiving drug abuse treatment services designed to control or eliminate his physiological dependence. Therefore, many drug abusers served by State rehabilitation agencies have also received medical treatment services, e.g., methodone maintenance, from programs funded by the National Institute of Mental Health or other agencies.

In fiscal year 1972, 4,621 drug abusers were served. Of these, 2,752, or 59.6% were rehabilitated, and 1,869, or 40.4% were closed as not rehabilitated.

There are no barriers to reacceptance, but we do not have data on the "drop out" rate of those previously reported as rehabilitated.

Existing follow-up studies of former VR clients are not specifically directed at the recipient of drug abuse services.

14. What was the average period of time covered by consultations under the Technical Assistance Program: Did consultants prepare written reports to facilities served?

The average technical assistance consultation has been three days and with the exception of consultant visits to the Trust Territories, Guam, for example, none have exceeded five days' duration. Consultants always give an initial verbal report with recommendations to the facility, and are required to submit a written report to the following: the rehabilitation facility, the State DVR agency, the Regional and Central Offices of RSA.

15. Are there enough rehabilitation workers in the nation today? Will colleges and universities continue to train personnel to work in rehabilitation? Are their programs adequate; and if not, have you formulated plans to improve their adequacy, particularly in view of 1973?

The adequacy of the supply of rehabilitation workers in the different rehabilitation fields varies according to each of the fields.

The rehabilitation training program, which has provided special support to colleges and universities preparing individuals for future employment in the rehabilitation professions, is being phased out in fiscal year 1974 as a part of a general policy to curtail specialized manpower training programs. The support of categorical direct training programs, such as the rehabilitation training program, is being discontinued in favor of broad programs of support for higher education. Primary reliance for future manpower development will be based on general student aid programs administered by the Office of Education. Although institutional support will not be provided within the general student aid programs, it is expected that colleges and universities with instructional resources in the rehabilitation professions will continue to train personnel preparing to work in rehabilitation professions. itation professions.

Program adequacy has varied among individual projects in terms of both the number of graduates and their professional competence.

It is expected that the Rehabilitation Services Administration will continue to encourage colleges and universities to improve the quality of training to make training programs more relevant to the demands of the public rehabilitation program.

16. What has happened to the support of special training programs in the rehabilitation of blind, deaf and mentally retarded persons?

Special training projects in the areas of rehabilitation of the blind, rehabilitation of the deaf and rehabilitation of the mentally retarded, which have been supported under the rehabilitation training program, are being phased out in fiscal year 1974 as part of the general categorical training grant phaseout policy. Training grants have been awarded in these fields, at a reduced level, for the support of activities during the 1973-1974 academic year. In the future it is expected that institutional support for these projects will be available from university resources and employing agencies. Student support will be provided under general student aid programs. Training efforts in the areas of blindness, deafness and mental retardation will continue to be of great interest to the public rehabilitation program as priority attention is given to the rehabilitation of the severely disabled in the implementation of the Rehabilitation Act of 1973.